

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10568535

FILING DATE

2.17.2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17		16				
18		17				
19		18				
20	1					
21		1				
22		2				
23		3				
24		4				
25		5				
26		6				
27		7				
28		8				
29		9				
30		10				
31		11				
32		12				
33		13				
34		14				
35		15				
36		16				
37		17				
38		18				
39		19				
40		20				
41		21				
42		22				
43		23				
44		24				
45		25				
46		26				
47		27				
48		28				
49		29				
50		30				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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58						
59						
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61			1			
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97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	41	←		←
TOTAL CLAIMS			43			

Charitta Burt